MAIL TAX STATEMENT TO: WILLIAM YOUNG 1649 W MINDEN VILLAGE LOOP MINDEN NV 89423

RECORDING REQUESTED BY GUILD ADMINISTRATION CORP.

WHEN RECORDED MAIL TO:

GUILD MORTGAGE COMPANY PO BOX 85304 SAN DIEGO CA 92186

LOAN#; 403 2002238 LLE002238D

YOUNG

APN#: 1320-30-713-034

DOUGLAS COUNTY, NV

Rec:\$40.00 Total:\$40.00 2021-976384 11/01/2021 12:18 PM

GUILD MORTGAGE COMPANY

Pas=1



KAREN ELLISON, RECORDER

Above Space for Recorder's Use Only

MIN#: 100019940320022381 MERS PHONE: 1-888-679-6377

AL IVIT. 1320-30-713-034				- N
	FULL REC	ONVEYA	NCE \	
GUILD ADMINISTRATIO	N CORP., a California Ce	orporation as T	rustee under that certain	Deed of Trust
dated AUGUST 31		lby WILLIAN	I H. YOUNG AND DIAN	
HUSBAND AND WIFE, A	S JOINT TENANTS WITH	RIGHT OF SU	RVIVORSHIP	
		as trustor, i	in which Mortgage Electro	nic Registration
Systems, Inc., as nominee for				, its
successors and assigns is nan	ned as beneficiary, and reco	rded as Instrume	ent No. 2017-903613	On.
				fficial Records,
in the office of the County Re	corder of DOUGLAS		_ County, Nevada, having	been requested
in writing, by the holder of t	he obligations secured by sa	aid deed of trust	t, to reconvey the estate gr	anted to trustee
under said deed of trust, DO	ES HEREBY RECONVEY	to the person of	r persons legally entitled	thereto, without
warranty, all the estate, title a	and interest acquired by trus			/
			DMINISTRATION CORP	'. ,
Dated: 0CT 2 8 202	1		ORNIA CORPORATION	_
1 1		AS TRUS	TEE O WALL	1 1
		By: c		
\ \		-	NOUS, ASSISTANT SEC	RETARY
				
A notary public or other o	officer completing this cert	tificate verifies	only the identity of the ir	idividual who
signed the document to w	nich this certificate is attac	ched, and not t	he truthfulness, accuracy	, or validity of
that document.		_//_		
STATE OF CALIFORNIA		/ /		
COUNTY OF SAN DIEGO	22			
On OCT 2 8 2021	The state of the s		I. FOOTE	
	before me,			,
Notary Public, personally app				,who
proved to me on the basis of	satisfactory evidence to be	the person(s) w	hose name(s) is/are subscr	ribed to the within
instrument and acknowledge	I to me that he/she/they exe	cuted the same	in his/their/her authorized	capacity (ies), and
that by his/her/their signature		person(s), or th	e entity upon behalf of wi	hich the person(s)
acted, executed the instrumer	uL//			
I certify under PENALTY O	F BFD HIDV was don the law.	en af dha Stada a	California di addi a fanca	. .
paragraph is true and correc	e FLAJOAI unaerine ww 	s oj tne siwe o	Caujornia that the jorce	oing
, J =			J. F	OOTE
WITNESS my hand and office	cial seal.		Notary Publ	ic - California
	02 1-		San Dies	go County 💈
SIGNATURE	y. Just	(SEAL)	My Comm. Expir	res May 21, 2024
	I. FOOTE	ć	MC-Nevada Full Reconveyar	
	1.10012	,	ivic-ivevada ruli keconveyal	nce (S-2913) (U3/21)